



GRADUATE STUDIES
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Evaluation of Written Examination
 ADV Form 8b

Student: _____ Date of examination: _____

Department: _____ Degree: _____

Pass:

3 DVV _____
 SDVV _____

 Examiner's Signature

 Graduate Coordinator's Signature

 Date

Department Instructions: Enter examination results of **Pass** or 3 DVV _____ on AIM screen DADV08; if examination result is **Fail**, send this form to Graduate Studies, B-356 ASB.